## **Street Closing Permit Application**

This application MUST be submitted at least three weeks prior to date of event/street closing.

Street Name:	Neighborhood _to(where)	
Close from(where)		
Date:	Closing time: (start time)	to (end time)
Event:		
Organization		
Name of person applying	5	
Address:		
Telephone:	Fax:	E-Mail:
Type of Event: Non-Prof	Fit (proof may be required) Comb	mercial
Fee/Donation/Charge?	How much?	
Music? W	hat kind?	
Food? W	hat kind?	
Vendors? A	lcoholic Beverages served or co	onsumed?
Attendance?(estimate #)	Open to pub	olic/neighborhood?
Street to be closed by (de	escribe who & how)	
Who will clean up and re	emove trash?	
Neighborhood Residents	notified?How?	When?
	uust be obtained through the Ma	res, stages, propane, alcoholic beverages yor's Office of Consumer Affairs &
SIGNATURE OF APPL	ICANT	DATE:
MONA CONNO BOSTON PARK 1010 MASSACH	n as accurately as you can and LLY-CASPER S & RECREATION DEPART IUSETTS AVENUE, BOSTOM AX-617-635-3173 or email MC	TMENT N, MA 02118

Note: This process can take three weeks. Please submit as early as possible before event.